

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

JUL 22 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4085</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JAMES</u> <u>GARNER</u> P.O. Box, Bldg., Room No., if any _____ Street <u>17495 HURLEY STREET EAST</u> City <u>CITY OF INDUSTRY</u> State <u>California</u> ZIP Code + 4 <u>91744</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS LOCAL 433</u> Labor Organization File Number <u>034-224</u> P.O. Box, Building and Room Number, if any _____ Street <u>17495 HURLEY STREET EAST</u> City <u>CITY OF INDUSTRY</u> State <u>California</u> ZIP Code + 4 <u>91744</u>
5. Position in labor organization. <u>FINANCIAL SEC-TREAS, BUSINESS MNGR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Jim Garner

On

Date

7/14/05

Telephone Number

626-964-2500

Name of Person Filing JAMES GARNER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IRONWORKERS EMPLOYEE BENEFIT CORPORATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 131 N. EL MOLINO AVE., STE. 330

City PASADENA

State California ZIP Code + 4 91101

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRONWORKERS EMPLOYEE TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 131 N. EL MOLINO AVE., STE. 330

City PASADENA

State California ZIP Code + 4 91101

11.a. Nature of such dealing.

VARIOUS EXPENSES FOR TRAVEL AND MEETINGS PERFORMED IN CAPACITY OF TRUSTEE.

11.b. Approximate dollar value of such dealing.

\$3,760

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing JAMES GARNER

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name BAILEY &amp; ASSOCIATES

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2029 CENTURY PARK EAST

City LOS ANGELES

State California ZIP Code + 4 90067

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRONWORKERS EMPLOYEE TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 131 N. EL MOLINO AVE., STE. 330

City PASADENA

State California ZIP Code + 4 91101

## 11.a. Nature of such dealing.

HOLIDAY GIFT BASKET.

11.b. Approximate dollar value of such dealing.

\$45

## 12.a. Nature of interest held or income received.

12.b. Amount.